

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF TENNESSEE

FILED

SEP 05 2014

Clerk, U. S. District Court  
Eastern District of Tennessee  
At Chattanooga

CAROLYN JENKINS

v.

COMMONWEALTH FINANCIAL  
SYSTEMS, INC.

NO. 1:14-cv-2465

HSM/SKL

APPLICATION TO PROCEED IN FORMA PAUPERIS  
WITH SUPPORTING DOCUMENTATION

I, Carolyn Jenkins, declare that I am the:

☒ plaintiff/petitioner

☐ defendant/respondent

☐ Other: \_\_\_\_\_

in the above-reverenced proceeding. In support of my request to proceed without being required to prepay fees or give security therefore, I state that because of my poverty, I am unable to pay the fees for this action or give security therefore. I believe that I am entitled to the relief sought in my complaint/petition/answer/response. The nature of my action, defense, or other proceeding or the issues I intend to present are briefly stated as follows:

Violations by the Defendant of the Fair Debt Collections Practices Act (FDCPA) and violations by the Defendant of the Telephone Consumers Protection Act (TCPA).

In further support of this application, I answer the following questions:

PERSONAL INFORMATION, EMPLOYMENT AND INCOME DATA			
NAME (First	Middle	Last)	YEAR OF BIRTH
Carolyn S.	Jenkins		1962
SOCIAL SECURITY NUMBER (last 4 digits only)			PHONE NOS.
*7004			423-260-3539
HOME ADDRESS:			
7461 Mullins Cove P.O. Box Guild, Tennessee 37340			
OWN OR RENT? N/A		HOW LONG AT CURRENT ADDRESS? 6 mo.	
MARITAL STATUS: Divorced			
NAME AND ADDRESS OF CURRENT EMPLOYER: None			
TELEPHONE NUMBER OF EMPLOYER: N/A			
HOW LONG AT CURRENT EMPLOYMENT? N/A			
OCCUPATION (Describe what you do):			
IF EMPLOYED, STATE BOTH THE GROSS AND NET AMOUNTS OF YOUR SALARY AND WAGES PER MONTH.			
GROSS:		NET:	
IF NOT CURRENTLY EMPLOYED, GIVE MONTH AND YEAR OF LAST EMPLOYMENT: Feb 2014			
HOW MUCH DID YOU EARN PER MONTH AT YOUR LAST EMPLOYMENT: \$2,400			

HAVE YOU RECEIVED ANY MONEY FROM ANY OF THE FOLLOWING  
SOURCES WITHIN THE PAST TWELVE MONTHS?

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Business, professional or other form of self-employment? ☐ Yes ☒ No If

YES, state the source and amount:

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Rent payments, interest, or dividends? ☐ Yes ☒ No

If YES, state the source and amount:

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Pensions, annuities, or life insurance payments? ☐ Yes ☒ No

If YES, state the source and amount:

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Gifts or inheritance? ☐ Yes ☒ No

If YES, state the source and amount:

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Any other source? ☐ Yes ☒ No

If YES, state the source and amount:

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ASSETS:	
LIST ANY OF THE FOLLOWING ASSETS THAT YOU OWN AND THE TOTAL VALUE	
CASH	\$ 225
CHECKING ACCOUNTS TOTAL BALANCE (List Banks Below) (Do NOT include account numbers)	\$ 0
SAVINGS ACCOUNTS-TOTAL BALANCE (List Banks Below) (Do NOT include account numbers)	\$ 13
Citizens National	
STOCKS AND BONDS	\$0
REAL ESTATE-CURRENT FAIR MARKET VALUE (List Locations Below)	
	\$
	\$
	\$
<b>TOTAL REAL ESTATE</b>	<b>\$0</b>

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**VALUE OF PERSONAL PROPERTY, EXCLUDING VEHICLES (Itemize)**

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Furniture, Tools, Computer	\$1,700
	\$
	\$

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<b>TOTAL PERSONAL PROPERTY</b>	<b>\$1,700</b>
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**MOTOR VEHICLES**

Year/Make	License No.	Current Value
1995 Nissan		\$1,500
		\$
		\$

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<b>TOTAL VALUE OF MOTOR VEHICLES</b>	<b>\$1,500</b>
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**DEBTS OWED TO YOU (Give Name of Debtor)**

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	\$0
	\$
	\$

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<b>TOTAL DEBTS OWED TO YOU</b>	<b>\$0</b>
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**OTHER ASSETS (ITEMIZE)**

	\$ 0
	\$
	\$

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<b>TOTAL OTHER ASSETS</b>	<b>\$0</b>
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**TOTAL OFF ALL ASSETS: \$ 3,200**

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LIABILITIES	
(DO NOT INCLUDE ACCOUNT NUMBERS)	
NOTES (LOANS) PAYABLE TO BANKS (List bank name and amount of loan only)	
_____	\$ 0 _____
_____	\$ _____
_____	\$ _____
<b>TOTAL LOANS PAYABLE TO BANKS</b>	<b>\$ 0</b>
NOTES (LOANS) PAYABLE TO OTHERS	\$ 0
MORTGAGES PAYABLE ON REAL ESTATE	\$ 0
CREDIT CARDS AND ACCOUNTS PAYABLE TO CREDITORS	\$ 0
MEDICAL BILLS	\$ 0
TAXES AND ASSESSMENTS PAYABLE	\$ 0
OTHER LIABILITIES (Itemize)	
_____	\$ 0 _____
_____	\$ _____
_____	\$ _____
<b>TOTAL LIABILITIES</b>	<b>\$0</b>

## LIVING EXPENSES

	Monthly Payment	Balance Owing *Live with
[ ] RENT or [ ] MORTGAGE PAYMENT (check one)	\$ 0	\$ friend
ELECTRICITY	\$ 0	\$ Friend provides
WATER	\$ 0	\$ None
GAS	\$ 0	\$ None
TELEPHONE	\$ 20	\$ 20
FOOD	\$ 100	\$ 0
ALIMONY	\$ 0	\$ None
CHILD SUPPORT	\$ 0	\$ None
CHILD CARE	\$ 0	\$ None
SCHOOL EXPENSES	\$ 0	\$ None
AUTOMOBILE NOTE	\$ 0	\$ None
AUTOMOBILE INSURANCE	\$ 0	\$ None
AUTOMOBILE REPAIRS	\$ 0	\$ None
GASOLINE	\$ 100	\$ 0
FURNITURE NOTE	\$ 0	\$ None
CLOTHING	\$ 0	\$ None
CABLE TELEVISION	\$ 0	\$ None
LIFE INSURANCE	\$ 0	\$ None
HOSPITALIZATION INSURANCE	\$ 0	\$ None
DOCTORS	\$ 0	\$ None
DRUGS	\$ 33	\$ 0
CREDIT CARDS	\$ 0	\$ None
OTHER CHARGE ACCOUNTS OR CREDITORS	\$ 0	\$ None
TAXES	\$ 0	\$ None
ANY OTHER EXPENSES (LIST)	253	20
 _____	 \$ _____	 \$ _____
 _____	 \$ _____	 \$ _____
 _____	 \$ _____	 \$ _____
 _____	 \$ _____	 \$ _____
 _____	 \$ _____	 \$ _____
<b>TOTAL EXPENSES</b>		<b>\$ 253</b>

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**SPOUSES' PERSONAL INFORMATION; EMPLOYMENT AND INCOME DATA**

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NAME (First                      Middle                      Last)                      YEAR OF BIRTH

N/A

SOCIAL SECURITY NUMBER (last 4 digits only)                      PHONE NOS.

HOME ADDRESS (if different from yours):

OWN OR RENT?

HOW LONG AT CURRENT ADDRESS?

NAME AND ADDRESS OF CURRENT EMPLOYER:

TELEPHONE NUMBER OF EMPLOYER:

HOW LONG AT CURRENT EMPLOYMENT?

OCCUPATION (Describe what your spouse does):

SPOUSE'S CURRENT MONTHLY INCOME:

Salary or Wages                      \$ \_\_\_\_\_

Commissions                      \$ \_\_\_\_\_

All other sources (Pensions; Soc.Sec.;  
Rent; Interest; Dividends; Alimony, etc.)                      \$ \_\_\_\_\_

**TOTAL:**                      \$ \_\_\_\_\_



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**NAME OF DEPENDENTS AND INCOME (If any)**  
**(For Minor Children, only provide first initials)**

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Names:	Age:	Relationship:	Living With Whom?
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N/A

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**TOTAL MONTHLY INCOME OF DEPENDENTS INCLUDING  
CHILD SUPPORT PAYMENTS (exclude spouse)**

\$ \_\_\_\_\_

**TOTAL MONTHLY INCOME OF APPLICANT, SPOUSE,  
AND DEPENDENTS**

\$0 \_\_\_\_\_

**AFFIDAVIT**

**I hereby certify that the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other, under penalty of perjury.**

A handwritten signature in cursive script, reading "Carolyn Jenkins", is written over a horizontal line.